

B1 (Official Form 1) (04/13)

<b>United States Bankruptcy Court</b> <b>EASTERN DISTRICT OF PENNSYLVANIA</b> <b>PHILADELPHIA DIVISION</b>				<b>Voluntary Petition</b>	
Name of Debtor (if individual, enter Last, First, Middle): <b>Hall, Altoro T.</b>			Name of Joint Debtor (Spouse) (Last, First, Middle): <b>Hall, Maria D.</b>		
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): <b>aka Dilcia M. Hall</b>		
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-3771</b>			Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>xxx-xx-1676</b>		
Street Address of Debtor (No. and Street, City, and State): <b>640 E. Basin Street</b> <b>Norristown, PA</b>			Street Address of Joint Debtor (No. and Street, City, and State): <b>640 E. Basin Street</b> <b>Norristown, PA</b>		
ZIP CODE <b>19401</b>			ZIP CODE <b>19401</b>		
County of Residence or of the Principal Place of Business: <b>Montgomery</b>			County of Residence or of the Principal Place of Business: <b>Montgomery</b>		
Mailing Address of Debtor (if different from street address): <b>640 E. Basin Street</b> <b>Norristown, PA</b>			Mailing Address of Joint Debtor (if different from street address):		
ZIP CODE <b>19401</b>			ZIP CODE		
Location of Principal Assets of Business Debtor (if different from street address above):					
ZIP CODE					
<b>Type of Debtor</b> (Form of Organization) (Check one box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)		<b>Nature of Business</b> (Check one box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other		<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check one box.)  <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input checked="" type="checkbox"/> Chapter 13  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding	
<b>Chapter 15 Debtors</b> Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:		<b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).		<b>Nature of Debts</b> (Check one box.)  <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input type="checkbox"/> Debts are primarily business debts.	
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Check one box: Chapter 11 Debtors</b> <input type="checkbox"/> Debtor is a small business debtor as defined by 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every three years thereafter). <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).			
<b>Statistical/Administrative Information</b> <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.					THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000					
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input checked="" type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion					

**Voluntary Petition***(This page must be completed and filed in every case.)*Name of Debtor(s): **Altoro T. Hall  
Maria D. Hall****All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet.)

Location Where Filed:

**Eastern District of PA**

Case Number:

**10-15040 mdc**

Date Filed:

**6/21/2010**

Location Where Filed:

Case Number:

Date Filed:

**Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor** (If more than one, attach additional sheet.)

Name of Debtor:

**None**

Case Number:

Date Filed:

District:

Relationship:

Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** /s/ John L. McClain  
**John L. McClain**3/14/2015

Date

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☒ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.**Information Regarding the Debtor - Venue**

(Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.**Certification by a Debtor Who Resides as a Tenant of Residential Property**

(Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)\_\_\_\_\_  
(Name of landlord that obtained judgment)\_\_\_\_\_  
(Address of landlord)☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

**Voluntary Petition***(This page must be completed and filed in every case)*Name of Debtor(s): **Altoro T. Hall**  
**Maria D. Hall****Signatures****Signature(s) of Debtor(s) (Individual/Joint)**

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** /s/ Altoro T. Hall**Altoro T. Hall****X** /s/ Maria D. Hall**Maria D. Hall**

Telephone Number (If not represented by attorney)

3/14/2015

Date

**Signature of a Foreign Representative**

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.**X** \_\_\_\_\_

(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)\_\_\_\_\_  
Date**Signature of Attorney\*****X** /s/ John L. McClain**John L. McClain**Bar No. **56081****John L. McClain and Associates****PO Box 123****Narberth, PA 19072**Phone No. **(215) 893-9357** Fax No. **(888) 857-1967**3/14/2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

**Signature of Debtor (Corporation/Partnership)**

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

**X** \_\_\_\_\_

Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual\_\_\_\_\_  
Title of Authorized Individual\_\_\_\_\_  
Date**Signature of Non-Attorney Bankruptcy Petition Preparer**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer\_\_\_\_\_  
Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)\_\_\_\_\_  
Address**X** \_\_\_\_\_\_\_\_\_\_  
Date

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**In re: **Altoro T. Hall  
Maria D. Hall**Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT***Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Altoro T. Hall  
Altoro T. Hall

Date: 3/14/2015

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

- ☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*
- ☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- ☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

B 1D (Official Form 1, Exhibit D) (12/09)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**

In re: **Altoro T. Hall  
Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

*Continuation Sheet No. 1*

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: /s/ Maria D. Hall  
Maria D. Hall

Date: 3/14/2015

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
 (if known)

### SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
640 E. Basin Street residence zillow estimate	Conventional Real Estate	J	\$153,275.00	\$142,111.00
			<b>Total:</b>	<b>\$153,275.00</b>

(Report also on Summary of Schedules)



In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.	<b>X</b>			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.		Citadel	J	\$1,646.00
		Freedom CU	J	\$2,100.00
		PSECU	J	\$72.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	<b>X</b>			
4. Household goods and furnishings, including audio, video and computer equipment.		misc. household furnishing	J	\$200.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	<b>X</b>			
6. Wearing apparel.		clothing	J	\$350.00
7. Furs and jewelry.		misc. jewelry	J	\$50.00
8. Firearms and sports, photographic, and other hobby equipment.		handgun	J	\$50.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	<b>X</b>			
10. Annuities. Itemize and name each issuer.	<b>X</b>			

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 1

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		401 k	J	\$48,000.00
		co debtor IRA	J	\$50,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			

B6B (Official Form 6B) (12/07) -- Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 2

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	<b>X</b>			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	<b>X</b>			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	<b>X</b>			
22. Patents, copyrights, and other intellectual property. Give particulars.	<b>X</b>			
23. Licenses, franchises, and other general intangibles. Give particulars.	<b>X</b>			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	<b>X</b>			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2004 Nissan Armada	H	\$11,587.00
		2009 Nissan Murano	W	\$2,000.00

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
 (if known)

## SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 3

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
<p style="text-align: right;">3 continuation sheets attached</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				<p><b>Total &gt;</b></p> <p><b>\$116,055.00</b></p>

In re **Altoro T. Hall**  
**Maria D. Hall**Case No. \_\_\_\_\_  
(If known)**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ Check if debtor claims a homestead exemption that exceeds  
\$155,675.\*☒ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
640 E. Basin Street residence zillow estimate	11 U.S.C. § 522(d)(1)	\$11,164.00	\$153,275.00
Citadel	11 U.S.C. § 522(d)(5)	\$1,646.00	\$1,646.00
Freedom CU	11 U.S.C. § 522(d)(5)	\$2,100.00	\$2,100.00
PSECU	11 U.S.C. § 522(d)(1)	\$72.00	\$72.00
	11 U.S.C. § 522(d)(5)	\$0.00	
misc. household furnishing	11 U.S.C. § 522(d)(3)	\$200.00	\$200.00
clothing	11 U.S.C. § 522(d)(3)	\$350.00	\$350.00
misc. jewelry	11 U.S.C. § 522(d)(4)	\$50.00	\$50.00
handgun	11 U.S.C. § 522(d)(5)	\$50.00	\$50.00
401 k	11 U.S.C. § 522(d)(12)	\$48,000.00	\$48,000.00
co debtor IRA	11 U.S.C. § 522(d)(12)	\$50,000.00	\$50,000.00
	11 U.S.C. § 522(n)	\$0.00	
2004 Nissan Armada	11 U.S.C. § 522(d)(2)	\$0.00	\$11,587.00
2009 Nissan Murano	11 U.S.C. § 522(d)(5)	\$1,999.00	\$2,000.00
* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.		<b>\$115,631.00</b>	<b>\$269,330.00</b>

B6D (Official Form 6D) (12/07)

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT UNLIQUIDATED DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: xxxxxx5979  Caliber Home Loans, In 715 S Metropolitan Oklahoma City, OK 73108	J	DATE INCURRED: 03/2008 NATURE OF LIEN: Conventional Real Estate Mortgage COLLATERAL: 640 E. Basin Street REMARKS:  VALUE: \$153,275.00		\$142,111.00	
ACCT #: xxxxxxxxxxx0001  Nissan Motor Po Box 660360 Dallas, TX 75266	H	DATE INCURRED: 10/21/2008 NATURE OF LIEN: Automobile COLLATERAL: Nissan 2004 REMARKS:  VALUE: \$11,587.00		\$18,556.00	\$6,969.00
ACCT #: xxxxxxxxxxx0001  Nissan Motor Acceptanc Po Box 660360 Dallas, TX 75266	W	DATE INCURRED: 04/2008 NATURE OF LIEN: Automobile COLLATERAL: Nissan 2009 Murano REMARKS:  VALUE: \$2,000.00	X	\$1.00	
Subtotal (Total of this Page) >				\$160,668.00	\$6,969.00
Total (Use only on last page) >				\$160,668.00	\$6,969.00

No continuation sheets attached

(Report also on  
Summary of  
Schedules.)

(If applicable,  
report also on  
Statistical  
Summary of  
Certain Liabilities  
and Related  
Data.)

B6E (Official Form 6E) (04/13)

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(If Known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

### TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

☒ **Administrative allowances under 11 U.S.C. Sec. 330**

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

*\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.*

1 continuation sheets attached

B6E (Official Form 6E) (04/13) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(If Known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

TYPE OF PRIORITY	Administrative allowances
------------------	---------------------------

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: <b>John L. McClain and Associates</b> <b>PO Box 123</b> <b>Narberth, PA 19072</b>	<b>J</b>	DATE INCURRED: <b>6/16/2010</b> CONSIDERATION: <b>Attorney Fees</b> REMARKS:				<b>\$6,500.00</b>	<b>\$6,500.00</b>	<b>\$0.00</b>
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Priority Claims						<b>\$6,500.00</b>	<b>\$6,500.00</b>	<b>\$0.00</b>
Subtotals (Totals of this page) >						<b>\$6,500.00</b>		
Total > (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)								
Totals > (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							<b>\$6,500.00</b>	<b>\$0.00</b>



B6F (Official Form 6F) (12/07)

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxx7712 Acs/deutsche Bank 501 Bleecker St Utica, NY 13501	H	DATE INCURRED: 09/2006 CONSIDERATION: <b>Educational</b> REMARKS:				\$12,855.00
ACCT #: xxxxxx7713 Acs/deutsche Bank 501 Bleecker St Utica, NY 13501	H	DATE INCURRED: 09/2006 CONSIDERATION: <b>Educational</b> REMARKS:				\$12,781.00
ACCT #: xxxxxxxxxxxxxx0006 Aes/rbs Citizens Na 1200 N 7th St Harrisburg, PA 17102	H	DATE INCURRED: 02/2008 CONSIDERATION: <b>Educational</b> REMARKS:				\$17,168.00
ACCT #: xxxxxxxxxxxxxx0001 Aes/us Bank-trustee Ps Pob 2461 Harrisburg, PA 17105	H	DATE INCURRED: 07/2006 CONSIDERATION: <b>Educational</b> REMARKS:				\$9,797.00
ACCT #: xxxxx9130 Allied Interstate Inc 435 Ford Rd Ste 800 Minneapolis, MN 55426	J	DATE INCURRED: 12/2009 CONSIDERATION: <b>Collection Attorney</b> REMARKS:				\$491.00
ACCT #: xxxxxxxxxxxxxx9793 American Express c/o Becket and Lee LLP PO Box 3001 Malvern, PA 19355	H	DATE INCURRED: 10/27/2007 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$910.00
Subtotal >						\$54,002.00
Total >						

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the  
Statistical Summary of Certain Liabilities and Related Data.)

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: <b>xxxx-xxxx-xxxx-9293</b> <b>Capital One Bank</b> <b>PO Box Box 71083</b> <b>Charlotte, NC 28272-1083</b>	<b>H</b>	DATE INCURRED: CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,111.00</b>
ACCT #: <b>xxxxxxxx4230</b> <b>Capital One, N.a.</b> <b>C/O American Infosource</b> <b>PO Box 54529</b> <b>Oklahoma City, OK 73154</b>	<b>H</b>	DATE INCURRED: <b>05/2004</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,131.00</b>
ACCT #: <b>xxxxxxxx0057</b> <b>Chase</b> <b>201 N. Walnut St//de1-1027</b> <b>Wilmington, DE 19801</b>	<b>H</b>	DATE INCURRED: <b>11/2000</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$799.00</b>
ACCT #: <b>xxxxxxxx2530</b> <b>Chase</b> <b>201 N. Walnut St//de1-1027</b> <b>Wilmington, DE 19801</b>	<b>H</b>	DATE INCURRED: <b>12/2006</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$350.00</b>
ACCT #: <b>xxxxxxxxxxxx3220</b> <b>Chase Card</b> <b>Po Box 15298</b> <b>Wilmington, DE 19850</b>	<b>-</b>	DATE INCURRED: <b>12/2006</b> CONSIDERATION: <b>Credit Card</b> REMARKS:			<b>X</b>	<b>\$5,249.00</b>
ACCT #: <b>xxxxxxxx4194</b> <b>Citibank Sd, Na</b> <b>Attn: Centralized Bankruptcy</b> <b>PO Box 20507</b> <b>Kansas City, MO 64195</b>	<b>W</b>	DATE INCURRED: <b>03/2009</b> CONSIDERATION: <b>Credit Card</b> REMARKS:				<b>\$1,182.00</b>
Sheet no. <u>1</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						<b>Subtotal &gt;</b> <b>\$9,822.00</b>
<p align="center"><b>Total &gt;</b> (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxx7620 Citibank Stu Attn: Bankruptcy PO Box 6191 Sioux Falls, SD 57117	W	DATE INCURRED: 01/2003 CONSIDERATION: <b>Educational</b> REMARKS:				\$1,376.00
ACCT #: xxxxxxx7621 Citibank Stu Attn: Bankruptcy PO Box 6191 Sioux Falls, SD 57117	W	DATE INCURRED: 01/2003 CONSIDERATION: <b>Educational</b> REMARKS:				\$779.00
ACCT #: xxx6816 Citibank Stu Attn: Bankruptcy PO Box 6191 Sioux Falls, SD 57117	W	DATE INCURRED: 01/21/2003 CONSIDERATION: <b>Government Unsecured Guarantee Loan</b> REMARKS:				\$1,376.00
ACCT #: xxx6816 Citibank Stu Attn: Bankruptcy PO Box 6191 Sioux Falls, SD 57117	W	DATE INCURRED: 01/21/2003 CONSIDERATION: <b>Government Unsecured Guarantee Loan</b> REMARKS:				\$779.00
ACCT #: xxxxxxxx8500 Citibank Usa Attn.: Centralized Bankruptcy PO Box 20363 Kansas City, MO 64195	J	DATE INCURRED: 06/05/2008 CONSIDERATION: <b>Charge Account</b> REMARKS:				\$1,453.00
ACCT #: xxxxxxxxxxx3107 Citibank/The Home Depot Citicorp Credit Srvs/Centralized Bankrup PO Box 790040 Saint Louis, MO 63179	-	DATE INCURRED: 06/05/2008 CONSIDERATION: <b>Charge Account</b> REMARKS:				\$1,453.00
Sheet no. <u>2</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$7,216.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx5060 Comenity Bank/fashbug Po Box 182272 Columbus, OH 43218	-	DATE INCURRED: 08/1988 CONSIDERATION: Charge Account REMARKS:				\$227.00
ACCT #: xxxxxxxxxxxxxx2239 Dell Financial Services Attn: Bankruptcy Dept. PO Box 81577 Austin, TX 78708	H	DATE INCURRED: 06/2004 CONSIDERATION: Charge Account REMARKS:				\$2,519.00
ACCT #: xxxxxxxxxxxxxx2239 Dell Financial Services Dell Financial Services Attn: Bankruptcy PO Box 81577 Austin, TX 78708	-	DATE INCURRED: 06/2004 CONSIDERATION: Charge Account REMARKS:				\$2,518.00
ACCT #: xxxxxxxxxx8699 Dept Of Education/neln 121 S 13th St Lincoln, NE 68508	W	DATE INCURRED: 07/2009 CONSIDERATION: Educational REMARKS:				\$6,000.00
ACCT #: xxxxxxxxxx8599 Dept Of Education/neln 121 S 13th St Lincoln, NE 68508	W	DATE INCURRED: 07/2009 CONSIDERATION: Educational REMARKS:				\$4,500.00
ACCT #: xxxx5483 Direct TV PO Box 11732 Newark, NJ 07101-4732	H	DATE INCURRED: CONSIDERATION: cable REMARKS:				\$1,047.00
Sheet no. <u>3</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$16,811.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxxx2511 Eastern Account System 75 Glen Rd Ste 110 Sandy Hook, CT 06482	W	DATE INCURRED: 12/2009 CONSIDERATION: Collection Attorney REMARKS:				\$288.00
ACCT #: xxxxxxxxxxxxx4919 Eastern Account System 75 Glen Rd Ste 110 Sandy Hook, CT 06482	W	DATE INCURRED: 02/2009 CONSIDERATION: Collection Attorney REMARKS:				\$241.00
ACCT #: xxxxxxxxxxxxx0002 Fed Loan Serv Po Box 2461 Harrisburg, PA 17105	W	DATE INCURRED: 11/2008 CONSIDERATION: Educational REMARKS:			X	\$6,000.00
ACCT #: xxxxxxxxxxxxx0004 Fed Loan Serv Po Box 2461 Harrisburg, PA 17105	W	DATE INCURRED: 07/2008 CONSIDERATION: Educational REMARKS:			X	\$3,717.00
ACCT #: xxxxxxxxxxxxx0001 Fed Loan Serv Po Box 2461 Harrisburg, PA 17105	W	DATE INCURRED: 11/2008 CONSIDERATION: Educational REMARKS:			X	\$3,500.00
ACCT #: xxxxxxxxxxxxx0003 Fed Loan Serv Po Box 2461 Harrisburg, PA 17105	W	DATE INCURRED: 07/2008 CONSIDERATION: Educational REMARKS:				\$1,626.00
Sheet no. 4 of 6 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$15,372.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxx0582 Hsbc Bank Po Box 5253 Carol Stream, IL 60197	H	DATE INCURRED: 04/04/2007 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$2,015.00
ACCT #: xxxxxxxx0115 Hsbc Bank ATTN: BANKRUPTCY PO BOX 5253 Carol Stream, IL 60197	H	DATE INCURRED: 11/11/2001 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$1,838.00
ACCT #: xxxxxxxx0710 Hsbc Bank ATTN: BANKRUPTCY PO BOX 5213 Carol Stream, IL 60197	H	DATE INCURRED: 10/2005 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$407.00
ACCT #: xxxxxxxxxxxx8087 Hsbc Bank ATTN: BANKRUPTCY PO BOX 5253 Carol Stream, IL 60197	W	DATE INCURRED: 09/2004 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$30.00
ACCT #: xxxxxxxx0246 Hsbc/boscov Po Box 4274 Reading, PA 19606	H	DATE INCURRED: 05/03/2008 CONSIDERATION: <b>Charge Account</b> REMARKS:				\$576.00
ACCT #: xxxxxxxxxxxx6504 Hsbc/rs Attn: Bankruptcy PO Box 5263 Carol Stream, IL 60197	H	DATE INCURRED: 03/2009 CONSIDERATION: <b>Check Credit or Line of Credit</b> REMARKS:				\$15,674.00
Sheet no. <u>5</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$20,540.00
<p align="center">(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</p>						Total >

B6F (Official Form 6F) (12/07) - Cont.

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxxxxxxxxxxx8382 <b>Military Star</b> 3911 S Walton Walker Blv Dallas, TX 75236	H	DATE INCURRED: 08/27/2004 CONSIDERATION: <b>Charge Account</b> REMARKS:				\$1,730.00
ACCT #: xxxxx6789 <b>Volkswagon Credit Inc</b> c/o Brice, Vander, Linden and Wernick PC 9441 LBJ Freeway Suite 250 Dallas, TX 75243	J	DATE INCURRED: 02/14/2008 CONSIDERATION: <b>Automobile</b> REMARKS:				\$6,107.00
ACCT #: xxxxxxxx0587 <b>Wf Fin Bank</b> <b>Wells Fargo Financial</b> 4137 121st St Urbendale, IA 50323	H	DATE INCURRED: 07/2008 CONSIDERATION: <b>Credit Card</b> REMARKS:				\$4,091.00
ACCT #: xxxx2150 <b>Wf/efs</b> Po Box 3117 Winston Salem, NC 27102	W	DATE INCURRED: 05/2008 CONSIDERATION: <b>Educational</b> REMARKS:				\$2,000.00
ACCT #: xxxx2135 <b>Wf/efs</b> Po Box 3117 Winston Salem, NC 27102	W	DATE INCURRED: 05/2008 CONSIDERATION: <b>Educational</b> REMARKS:				\$1,750.00
ACCT #: xxxxxxxx5060 <b>Wfnnb/fashion Bug</b> 4590 E Broad St Columbus, OH 43213	H	DATE INCURRED: 08/1988 CONSIDERATION: <b>Charge Account</b> REMARKS:				\$227.00
Sheet no. <u>6</u> of <u>6</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal > \$15,905.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						Total > \$139,668.00

B6G (Official Form 6G) (12/07)

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases of contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.



B6H (Official Form 6H) (12/07)

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

**Fill in this information to identify your case:**

Debtor 1	<b>Altoro</b>	<b>T.</b>	<b>Hall</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Maria</b>	<b>D.</b>	<b>Hall</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF PENNSYLVANIA</b>			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form B 6I

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

**Debtor 1**

- ☒ Employed  
☐ Not employed

**Occupation**

**Mill Supervisor**

**Employer's name**

**Arcelormittal Steel USA, Inc**

**Employer's address**

**250 W. US Highway 12**  
Number Street

**Debtor 2 or non-filing spouse**

- ☒ Employed  
☐ Not employed

**Medical Records**

**Albert Einstein Healthcare Network**

**Payroll Department**

**101 E. Olney Avenue**  
Number Street

**Burns Harbor**  
City

**IN**  
State

**46304-974**  
Zip Code

**Philadelphia**  
City

**PA**  
State

**19120**  
Zip Code

How long employed there? **29 years**

**7 months**

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
<b>2. List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	<b>\$7,122.00</b>	<b>\$2,340.00</b>
<b>3. Estimate and list monthly overtime pay.</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>4. Calculate gross income.</b> Add line 2 + line 3.	<b>\$7,122.00</b>	<b>\$2,340.00</b>

Debtor 1 **Altoro** **T.** **Hall** Case number (if known)  
First Name Middle Name Last Name

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ..... → 4.	<b>\$7,122.00</b>	<b>\$2,340.00</b>
<b>5. List all payroll deductions:</b>		
5a. Tax, Medicare, and Social Security deductions	5a. <b>\$1,574.00</b>	<b>\$416.01</b>
5b. Mandatory contributions for retirement plans	5b. <b>\$712.00</b>	<b>\$0.00</b>
5c. Voluntary contributions for retirement plans	5c. <b>\$852.00</b>	<b>\$0.00</b>
5d. Required repayments of retirement fund loans	5d. <b>\$0.00</b>	<b>\$0.00</b>
5e. Insurance	5e. <b>\$446.00</b>	<b>\$0.00</b>
5f. Domestic support obligations	5f. <b>\$0.00</b>	<b>\$0.00</b>
5g. Union dues	5g. <b>\$0.00</b>	<b>\$0.00</b>
5h. Other deductions. Specify: <u>city wage tax</u>	5h. + <b>\$152.00</b>	<b>\$49.83</b>
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. <b>\$3,736.00</b>	<b>\$465.84</b>
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. <b>\$3,386.00</b>	<b>\$1,874.16</b>
<b>8. List all other income regularly received:</b>		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. <b>\$0.00</b>	<b>\$0.00</b>
8b. Interest and dividends	8b. <b>\$0.00</b>	<b>\$0.00</b>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. <b>\$0.00</b>	<b>\$0.00</b>
8d. Unemployment compensation	8d. <b>\$0.00</b>	<b>\$0.00</b>
8e. Social Security	8e. <b>\$0.00</b>	<b>\$0.00</b>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. <b>\$0.00</b>	<b>\$0.00</b>
8g. Pension or retirement income	8g. <b>\$0.00</b>	<b>\$0.00</b>
8h. Other monthly income. Specify: <u>tax refund</u>	8h. + <b>\$200.00</b>	<b>\$0.00</b>
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$200.00</b>	<b>\$0.00</b>
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$3,586.00</b>	<b>\$1,874.16</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. + <b>\$0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. <b>\$5,460.16</b>	<b>\$5,460.16</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b> <input checked="" type="checkbox"/> No. <b>None.</b> <input type="checkbox"/> Yes. Explain: _____		<b>Combined monthly income</b>

**Fill in this information to identify your case:**

Debtor 1	<b>Altoro</b>	<b>T.</b>	<b>Hall</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<b>Maria</b>	<b>D.</b>	<b>Hall</b>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <b>EASTERN DISTRICT OF PENNSYLVANIA</b>			
Case number (if known)			

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 expenses as of the following date: \_\_\_\_\_
- MM / DD / YYYY
- ☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

**Schedule J: Your Expenses**

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Your Household**

**1. Is this a joint case?**

- ☐ No. Go to line 2.
- ☒ Yes. Does Debtor 2 live in a separate household?
- ☒ No
- ☐ Yes. Debtor 2 must file a separate Schedule J.

**2. Do you have dependents?**

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

- ☒ No
- ☐ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes

**3. Do your expenses include expenses of people other than yourself and your dependents?**

- ☒ No
- ☐ Yes

**Part 2: Estimate Your Ongoing Monthly Expenses**

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

**Your expenses**

**4. The rental or home ownership expenses for your residence.**  
Include first mortgage payments and any rent for the ground or lot.

**If not included in line 4:**

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues

4.	<b>\$1,883.00</b>
4a.	_____
4b.	_____
4c.	<b>\$150.00</b>
4d.	_____

Debtor 1 **Altoro** **T.** **Hall**  
 First Name Middle Name Last Name Case number (if known)

**Your expenses**

5. **Additional mortgage payments for your residence**, such as home equity loans 5. \_\_\_\_\_
6. **Utilities:**
- 6a. Electricity, heat, natural gas 6a. \$350.00
- 6b. Water, sewer, garbage collection 6b. \$63.00
- 6c. Telephone, cell phone, Internet, satellite, and cable services 6c. \$239.00
- 6d. Other. Specify: cell phone 6d. \$163.00
7. **Food and housekeeping supplies** 7. \$700.00
8. **Childcare and children's education costs** 8. \_\_\_\_\_
9. **Clothing, laundry, and dry cleaning** (See continuation sheet(s) for details) 9. \$210.00
10. **Personal care products and services** 10. \$125.00
11. **Medical and dental expenses** 11. \$250.00
12. **Transportation.** Include gas, maintenance, bus or train fare. Do not include car payments. 12. \$500.00
13. **Entertainment, clubs, recreation, newspapers, magazines, and books** 13. \$150.00
14. **Charitable contributions and religious donations** 14. \$100.00
15. **Insurance.**  
 Do not include insurance deducted from your pay or included in lines 4 or 20.
- 15a. Life insurance 15a. \_\_\_\_\_
- 15b. Health insurance 15b. \_\_\_\_\_
- 15c. Vehicle insurance 15c. \$205.00
- 15d. Other insurance. Specify: \_\_\_\_\_ 15d. \_\_\_\_\_
16. **Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.  
 Specify: \_\_\_\_\_ 16. \_\_\_\_\_
17. **Installment or lease payments:**
- 17a. Car payments for Vehicle 1 17a. \_\_\_\_\_
- 17b. Car payments for Vehicle 2 17b. \_\_\_\_\_
- 17c. Other. Specify: \_\_\_\_\_ 17c. \_\_\_\_\_
- 17d. Other. Specify: \_\_\_\_\_ 17d. \_\_\_\_\_
18. **Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).** 18. \_\_\_\_\_
19. **Other payments you make to support others who do not live with you.**  
 Specify: \_\_\_\_\_ 19. \_\_\_\_\_
20. **Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.**
- 20a. Mortgages on other property 20a. \_\_\_\_\_
- 20b. Real estate taxes 20b. \_\_\_\_\_
- 20c. Property, homeowner's, or renter's insurance 20c. \_\_\_\_\_
- 20d. Maintenance, repair, and upkeep expenses 20d. \_\_\_\_\_
- 20e. Homeowner's association or condominium dues 20e. \_\_\_\_\_

Debtor 1 **Altoro** **T.** **Hall** Page 30 of 56  
First Name Middle Name Last Name Case number (if known)

21. Other. Specify: _____	21. + _____
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. <div style="border: 1px solid black; padding: 2px; text-align: right;"><b>\$5,088.00</b></div>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <div style="border: 1px solid black; padding: 2px; text-align: right;"><b>\$5,460.16</b></div>
23b. Copy your monthly expenses from line 22 above.	23b. - <div style="border: 1px solid black; padding: 2px; text-align: right;"><b>\$5,088.00</b></div>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <div style="border: 1px solid black; padding: 2px; text-align: right;"><b>\$372.16</b></div>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes. Explain here:

**None.**

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

9. Clothing, laundry, and dry cleaning (details):

Clothing	\$150.00
Laundry/Dry Cleaning	\$60.00

Total:	<div>\$210.00</div>
--------	---------------------

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No.

Chapter **13**

**SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER	
A - Real Property	Yes	1	\$153,275.00			
B - Personal Property	Yes	4	\$116,055.00			
C - Property Claimed as Exempt	Yes	1				
D - Creditors Holding Secured Claims	Yes	1			\$160,668.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2			\$6,500.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	7			\$139,668.00	
G - Executory Contracts and Unexpired Leases	Yes	1				
H - Codebtors	Yes	1				
I - Current Income of Individual Debtor(s)	Yes	2				\$5,460.16
J - Current Expenditures of Individual Debtor(s)	Yes	4				\$5,088.00
TOTAL		24	\$269,330.00	\$306,836.00		



B 6 Summary (Official Form 6 - Summary) (12/14)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**

In re **Altoro T. Hall**  
**Maria D. Hall**

Case No.

Chapter **13**

**STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)**

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	<b>\$0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	<b>\$0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	<b>\$0.00</b>
Student Loan Obligations (from Schedule F)	<b>\$0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	<b>\$0.00</b>
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	<b>\$0.00</b>
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	<b>\$5,460.16</b>
Average Expenses (from Schedule J, Line 22)	<b>\$5,088.00</b>
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	<b>\$9,060.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		<b>\$6,969.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	<b>\$6,500.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		<b>\$0.00</b>
4. Total from Schedule F		<b>\$139,668.00</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		<b>\$146,637.00</b>

B6 Declaration (Official Form 6 - Declaration) (12/07)

In re **Altoro T. Hall**  
**Maria D. Hall**Case No. \_\_\_\_\_  
(if known)**DECLARATION CONCERNING DEBTOR'S SCHEDULES**  
**DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR**

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 26 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 3/14/2015Signature /s/ Altoro T. Hall  
Altoro T. HallDate 3/14/2015Signature /s/ Maria D. Hall  
Maria D. Hall

[If joint case, both spouses must sign.]

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

(if known)

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_

**STATEMENT OF FINANCIAL AFFAIRS****1. Income from employment or operation of business**

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$10,281.00	2014 wages Maria
\$4,099.00	2015 ytd wages Maria
\$22,571.00	2015 ytd gross wages Altoro
\$104,596.00	2013 combined gross wages
\$131,992.00	2012 combined gross wages

**2. Income other than from employment or operation of business**

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**3. Payments to creditors****Complete a. or b., as appropriate, and c.**

None ☒ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None ☒ c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**4. Suits and administrative proceedings, executions, garnishments and attachments**

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 1*

- None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**5. Repossessions, foreclosures and returns**

- None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**6. Assignments and receiverships**

- None ☒ a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

- None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**7. Gifts**

- None ☒ List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**8. Losses**

- None ☒ List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

**9. Payments related to debt counseling or bankruptcy**

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
John L. McClain and Associates PO Box 123 Narberth, PA 19072	06/21/2010	324 for filing fee and credit report

**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 2*

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

None  
☒

**11. Closed financial accounts**

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  
☒

**12. Safe deposit boxes**

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  
☒

**13. Setoffs**

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None  
☒

**14. Property held for another person**

List all property owned by another person that the debtor holds or controls.

None  
☒

**15. Prior address of debtor**

If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

None  
☒

**16. Spouses and Former Spouses**

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

None  
☒

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

In re: **Altoro T. Hall**  
**Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**  
*Continuation Sheet No. 3*

---

**17. Environmental Information**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

---

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

---

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

---

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

---

**18. Nature, location and name of business**

None ☐ a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

---

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

B7 (Official Form 7) (04/13)

**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**

In re: **Altoro T. Hall  
Maria D. Hall**

Case No. \_\_\_\_\_  
(if known)

**STATEMENT OF FINANCIAL AFFAIRS**

*Continuation Sheet No. 4*

---

---

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 3/14/2015

Signature /s/ Altoro T. Hall  
of Debtor Altoro T. Hall

Date 3/14/2015

Signature /s/ Maria D. Hall  
of Joint Debtor Maria D. Hall  
(if any)

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.  
18 U.S.C. §§ 152 and 3571*

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION

IN RE: **Altoro T. Hall**  
**Maria D. Hall**

CASE NO

CHAPTER 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept:	<u>\$7,000.00</u>
Prior to the filing of this statement I have received:	<u>\$500.00</u>
Balance Due:	<u>\$6,500.00</u>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

3/14/2015

Date

/s/ John L. McClain

John L. McClain

John L. McClain and Associates

PO Box 123

Narberth, PA 19072

Phone: (215) 893-9357 / Fax: (888) 857-1967

Bar No. 56081

/s/ Altoro T. Hall

Altoro T. Hall

/s/ Maria D. Hall

Maria D. Hall



**UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF PENNSYLVANIA  
PHILADELPHIA DIVISION**

IN RE: **Altoro T. Hall**  
**Maria D. Hall**

CASE NO

CHAPTER **13**

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 3/14/2015

Signature /s/ Altoro T. Hall  
**Altoro T. Hall**

Date 3/14/2015

Signature /s/ Maria D. Hall  
**Maria D. Hall**

Acs/deutsche Bank  
501 Bleecker St  
Utica, NY 13501

Aes/rbs Citizens Na  
1200 N 7th St  
Harrisburg, PA 17102

Aes/us Bank-trustee Ps  
Pob 2461  
Harrisburg, PA 17105

Allied Interstate Inc  
435 Ford Rd Ste 800  
Minneapolis, MN 55426

American Express  
c/o Becket and Lee LLP  
PO Box 3001  
Malvern, PA 19355

Caliber Home Loans, In  
715 S Metropolitan  
Oklahoma City, OK 73108

Capital One Bank  
PO Box Box 71083  
Charlotte, NC 28272-1083

Capital One, N.a.  
C/O American Infosource  
PO Box 54529  
Oklahoma City, OK 73154

Chase  
201 N. Walnut St//del-1027  
Wilmington, DE 19801

Chase Card  
Po Box 15298  
Wilmington, DE 19850

Citibank Sd, Na  
Attn: Centralized Bankruptcy  
PO Box 20507  
Kansas City, MO 64195

Citibank Stu  
Attn: Bankruptcy  
PO Box 6191  
Sioux Falls, SD 57117

Citibank Usa  
Attn.: Centralized Bankruptcy  
PO Box 20363  
Kansas City, MO 64195

Citibank/The Home Depot  
Citicorp Credit Srvs/Centralized Bankrup  
PO Box 790040  
Saint Louis, MO 63179

Comenity Bank/fashbug  
Po Box 182272  
Columbus, OH 43218

Dell Financial Services  
Attn: Bankruptcy Dept.  
PO Box 81577  
Austin, TX 78708

Dell Financial Services  
Dell Financial Services Attn: Bankruptcy  
PO Box 81577  
Austin, TX 78708

Dept Of Education/neln  
121 S 13th St  
Lincoln, NE 68508

Direct TV  
PO Box 11732  
Newark, NJ 07101-4732

Eastern Account System  
75 Glen Rd Ste 110  
Sandy Hook, CT 06482

Fed Loan Serv  
Po Box 2461  
Harrisburg, PA 17105

Hsbc Bank  
Po Box 5253  
Carol Stream, IL 60197

Hsbc Bank  
ATTN: BANKRUPTCY  
PO BOX 5253  
Carol Stream, IL 60197

Hsbc Bank  
ATTN: BANKRUPTCY  
PO BOX 5213  
Carol Stream, IL 60197

Hsbc/boscov  
Po Box 4274  
Reading, PA 19606

Hsbc/rs  
Attn: Bankruptcy  
PO Box 5263  
Carol Stream, IL 60197

John L. McClain and Associates  
PO Box 123  
Narberth, PA 19072

Military Star  
3911 S Walton Walker Blv  
Dallas, TX 75236

Nissan Motor  
Po Box 660360  
Dallas, TX 75266

Nissan Motor Acceptanc  
Po Box 660360  
Dallas, TX 75266

Volkswagon Credit Inc  
c/o Brice, Vander, Linden and Wernick PC  
9441 LBJ Freeway Suite 250  
Dallas, TX 75243

Wf Fin Bank  
Wells Fargo Financial  
4137 121st St  
Urbendale, IA 50323

Wf/efs  
Po Box 3117  
Winston Salem, NC 27102

Wfnnb/fashion Bug  
4590 E Broad St  
Columbus, OH 43213

**Fill in this information to identify your case:**

Debtor 1 Altoro T. Hall  
First Name Middle Name Last Name

Debtor 2 Maria D. Hall  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number \_\_\_\_\_  
(if known)

**Check as directed in lines 17 and 21:**

According to the calculations required by this Statement:

- ☐ 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).
- ☒ 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3).
- ☐ 3. The commitment period is 3 years.
- ☒ 4. The commitment period is 5 years.

☐ Check if this is an amended filing

Official Form 22C-1

**Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

**12/14**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Average Monthly Income**

**1. What is your marital and filing status?** Check one only.

- ☐ **Not married.** Fill out Column A, lines 2-11.
- ☒ **Married.** Fill out both Columns A and B, lines 2-11.

**Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case.** 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>2. Your gross wages, salary, tips, bonuses, overtime, and commissions</b> (before all payroll deductions).	<u>\$6,900.00</u>	<u>\$2,160.00</u>
<b>3. Alimony and maintenance payments.</b> Do not include payments from a spouse if Column B is filled in.	<u>\$0.00</u>	<u>\$0.00</u>
<b>4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support.</b> Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	<u>\$0.00</u>	<u>\$0.00</u>
<b>5. Net income from operating a business, profession, or farm</b>		
Gross receipts (before all deductions) <u>\$0.00</u>		
Ordinary and necessary operating expenses <u>— \$0.00</u>		
Net monthly income from a business, profession, or farm <u>\$0.00</u>		
	Copy here → <u>\$0.00</u>	<u>\$0.00</u>
<b>6. Net income from rental and other real property</b>		
Gross receipts (before all deductions) <u>\$0.00</u>		
Ordinary and necessary operating expenses <u>— \$0.00</u>		
Net monthly income from rental or other real property <u>\$0.00</u>		
	Copy here → <u>\$0.00</u>	<u>\$0.00</u>
<b>7. Interest, dividends, and royalties</b>	<u>\$0.00</u>	<u>\$0.00</u>

Debtor 1 **Altoro** **T.** **Hall** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

	Column A Debtor 1	Column B Debtor 2 or non-filing spouse
<b>8. Unemployment compensation</b> Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: ..... For you..... <b>\$0.00</b> For your spouse..... <b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>9. Pension or retirement income.</b> Do not include any amount received that was a benefit under the Social Security Act.	<b>\$0.00</b>	<b>\$0.00</b>
<b>10. Income from all other sources not listed above.</b> Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c.  10a. .... 10b. ....  10c. Total amounts from separate pages, if any.		
<b>11. Calculate your total average monthly income.</b> Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.	<b>\$6,900.00</b>	<b>\$2,160.00</b>
	<b>+</b>	<b>+</b>
	<b>\$6,900.00</b>	<b>\$2,160.00</b>
	<b>+</b>	<b>\$9,060.00</b>
		<b>Total average monthly income</b>

## Part 2: Determine How to Measure Your Deductions from Income

**12. Copy your total average monthly income from line 11.** ..... **\$9,060.00**

**13. Calculate the marital adjustment.** Check one:  
☐ You are not married. Fill in 0 in line 13d.  
☒ You are married and your spouse is filing with you. Fill in 0 in line 13d.  
☐ You are married and your spouse is not filing with you.  
 Fill in the amount of the income listed in line 11, Column B, that was NOT regularly paid for the household expenses of you or your dependents, such as payment of the spouse's tax liability or the spouse's support of someone other than you or your dependents.  
  
 In lines 13a-c, specify the basis for excluding this income and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page.  
  
 If this adjustment does not apply, enter 0 on line 13d.

13a. ....  
 13b. ....  
 13c. .... **+** .....  
 13d. Total..... **\$0.00** Copy here..... 13d. - **\$0.00**

**14. Your current monthly income.** Subtract line 13d from line 12. 14. **\$9,060.00**

**15. Calculate your current monthly income for the year.** Follow these steps:  
 15a. Copy line 14 here → ..... 15a. **\$9,060.00**  
 Multiply line 15a by 12 (the number of months in a year). **X 12**  
 15b. The result is your current monthly income for the year for this part of the form. 15b. **\$108,720.00**

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**16. Calculate the median family income that applies to you.** Follow these steps:

- 16a. Fill in the state in which you live. Pennsylvania
- 16b. Fill in the number of people in your household. 2
- 16c. Fill in the median family income for your state and size of household..... 16c. \$56,946.00  
To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

**17. How do the lines compare?**

- 17a. ☐ Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, *Disposable income is not determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3.** Do NOT fill out Calculation of Disposable Income (Official Form 22C-2).
- 17b. ☒ Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, *Disposable income is determined under 11 U.S.C. § 1325(b)(3)*. **Go to Part 3 and fill out Calculation of Disposable Income (Official Form 22C-2).** On line 39 of that form, copy your current monthly income from line 14 above.

**Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4)**

**18. Copy your total average monthly income from line 11.** ..... 18. \$9,060.00

**19. Deduct the marital adjustment if it applies.** If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13d.

If the marital adjustment does not apply, fill in 0 on line 19a. 19a. — \$0.00

**Subtract line 19a from line 18.** 19b. \$9,060.00

**20. Calculate your current monthly income for the year.** Follow these steps:

- 20a. Copy line 19b ..... 20a. \$9,060.00  
Multiply by 12 (the number of months in a year). X 12
- 20b. The result is your current monthly income for the year for this part of the form. 20b. \$108,720.00
- 20c. Copy the median family income for your state and size of household from line 16c. .... 20c. \$56,946.00

**21. How do the lines compare?**

- ☐ Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, *The commitment period is 3 years*. Go to Part 4.
- ☒ Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, *The commitment period is 5 years*. Go to Part 4.

**Part 4: Sign Below**

By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Altoro T. Hall  
Altoro T. Hall

**X** /s/ Maria D. Hall  
Maria D. Hall

Date 3/14/2015  
MM / DD / YYYY

Date 3/14/2015  
MM / DD / YYYY

If you checked 17a, do NOT fill out or file Form 22C-2.

If you checked 17b, fill out Form 22C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.



**Fill in this information to identify your case:**

Debtor 1	<u>Altoro</u>	<u>T.</u>	<u>Hall</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>Maria</u>	<u>D.</u>	<u>Hall</u>
	First Name	Middle Name	Last Name

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number  
(if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 22C-2**

**Chapter 13 Calculation of Your Disposable Income**

**12/14**

To fill out this form, you will need your completed copy of Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period (Official Form 22C-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

**Part 1: Calculate Your Deductions from Your Income**

The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office.

Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not include any operating expenses that you subtracted from income in lines 5 and 6 of Form 22C-1, and do not deduct any amounts that you subtracted from your spouse's income in line 13 of Form 22C-1.

If your expenses differ from month to month, enter the average expense.

Note: Line numbers 1-4 are not used in this form. These numbers apply to information required by a similar form used in chapter 7 cases.

**5. The number of people used in determining your deductions from income**

Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.

**2**

**National Standards** You must use the IRS National Standards to answer the questions in lines 6-7.

**6. Food, clothing and other items:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for food, clothing, and other items. **\$1,092.00**

**7. Out-of-pocket health care allowance:** Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

**People who are under 65 years of age**

7a. Out-of-pocket health care allowance per person	<u>\$60.00</u>	
7b. Number of people who are under 65	X <u>2</u>	Copy line 7c here →
7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	<u>\$120.00</u>	<u>\$120.00</u>

**People who are 65 years of age or older**

7d. Out-of-pocket health care allowance per person	<u>\$144.00</u>	
7e. Number of people who are 65 or older	X _____	Copy line 7f here →
7f. <b>Subtotal.</b> Multiply line 7d by line 7e.	<u>\$0.00</u>	+ <u>\$0.00</u> Copy total here → 7g.
7g. <b>Total.</b> Add lines 7c and 7f.....		<u>\$120.00</u> <b>\$120.00</b>

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Local Standards** You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities -- Insurance and operating expenses
- Housing and utilities -- Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart. To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities -- Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. \$608.00

9. **Housing and utilities -- Mortgage or rent expenses:**

9a. Using the number of people you entered in line 5, fill in the dollar amount listed for your county for mortgage or rent expenses. \$1,681.00

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Next divide by 60.

Name of the creditor	Average monthly payment
----------------------	-------------------------

Caliber Home Loans, In \$1,829.00

\_\_\_\_\_ + \_\_\_\_\_

9b. Total average monthly payment

\$1,829.00

Copy line 9b here →

— \$1,829.00

Repeat this amount on line 33a.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage or rent expense). If this number is less than \$0, enter \$0.

\$0.00

Copy line 9c here →

\$0.00

10. **If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.** \_\_\_\_\_

Explain why: \_\_\_\_\_

11. **Local transportation expenses:** Check the number of vehicles for which you claim an ownership or operating expense.

- ☐ 0. Go to line 14.
- ☐ 1. Go to line 12.
- ☒ 2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the Operating Costs that apply for your Census region or metropolitan statistical area. \$598.00

Debtor 1 **Altoro** **T.** **Hall** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

- 13. Vehicle ownership or lease expense:** Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles.

**Vehicle 1** Describe Vehicle 1: **Nissan 2004**

13a. Ownership or leasing costs using IRS Local Standard 13a. **\$517.00**

13b. Average monthly payment for all debts secured by Vehicle 1.

Do not include costs for leased vehicles.

To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of each creditor for Vehicle 1	Average monthly payment
-------------------------------------	-------------------------

**Nissan Motor** **\$256.25** Copy 13b here → - **\$256.25**

Repeat this amount on line 33b.

13c. Net Vehicle 1 ownership or lease expense.

Subtract line 13b from line 13a. If this amount is less than \$0, enter \$0.

13c. **\$260.75** Copy net Vehicle 1 expense here → **\$260.75**

**Vehicle 2** Describe Vehicle 2:

13d. Ownership or leasing costs using IRS Local Standard 13d. **\$200.00**

13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles.

Name of each creditor for Vehicle 2	Average monthly payment
-------------------------------------	-------------------------

Copy here → - **\$0.00**

Repeat this amount on line 33c.

13f. Net Vehicle 2 ownership or lease expense.

Subtract line 13e from 13d. If this amount is less than \$0, enter \$0.

13f. **\$200.00** Copy net Vehicle 2 expense here → **\$200.00**

**14. Public transportation expense:** If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public Transportation expense allowance regardless of whether you use public transportation. **\$0.00**

**15. Additional public transportation expense:** If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for Public Transportation. **\$0.00**

**Other Necessary Expenses** In addition to the expense deductions listed above, you are allowed your monthly expenses for the following IRS categories.

**16. Taxes:** The total monthly amount that you actually pay for federal, state and local taxes, such as income taxes, self-employment taxes, social security taxes, and Medicare taxes. You may include the monthly amount withheld from your pay for these taxes. However, if you expect to receive a tax refund, you must divide the expected refund by 12 and subtract that number from the total monthly amount that is withheld to pay for taxes. Do not include real estate, sales, or use taxes. **\$2,170.00**

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

17. **Involuntary deductions:** The total monthly payroll deductions that your job requires, such as retirement contributions, union dues, and uniform costs. \$356.00  
 Do not include amounts that are not required by your job, such as voluntary 401(k) contributions or payroll savings.
18. **Life insurance:** The total monthly premiums that you pay for your own term life insurance. If two married people are filing together, include payments that you make for your spouse's term life insurance. \$0.00  
 Do not include premiums for life insurance on your dependents, for a non-filing spouse's life insurance, or for any form of life insurance other than term.
19. **Court-ordered payments:** The total monthly amount that you pay as required by the order of a court or administrative agency, such as spousal or child support payments. \$0.00  
 Do not include payments on past due obligations for spousal or child support. You will list these obligations in line 35.
20. **Education:** The total monthly amount that you pay for education that is either required: \$0.00  
 ■ as a condition for your job, or  
 ■ for your physically or mentally challenged dependent child if no public education is available for similar services.
21. **Childcare:** The total monthly amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool. \$0.00  
 Do not include payments for any elementary or secondary school education.
22. **Additional health care expenses, excluding insurance costs:** The monthly amount that you pay for health care that is required for the health and welfare of you or your dependents and that is not reimbursed by insurance or paid by a health savings account. Include only the amount that is more than the total entered in line 7. \$5.00  
 Payments for health insurance or health savings accounts should be listed only in line 25.
23. **Optional telephones and telephone services:** The total monthly amount that you pay for telecommunication services for you and your dependents, such as pagers, call waiting, caller identification, special long distance, or business cell phone service, to the extent necessary for your health and welfare or that of your dependents or for the production of income, if it is not reimbursed by your employer. + \$0.00  
 Do not include payments for basic home telephone, internet and cell phone service. Do not include self-employment expenses, such as those reported on line 5 of Official Form 22C-1, or any amount you previously deducted.
24. **Add all of the expenses allowed under the IRS expense allowances.** \$5,409.75  
 Add lines 6 through 23.

**Additional Expense Deductions** These are additional deductions allowed by the Means Test.  
 Note: Do not include any expense allowances listed in lines 6-24.

25. **Health insurance, disability insurance, and health savings account expenses.** The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents.
- |                        |                 |   |  |
|------------------------|-----------------|---|--|
| Health insurance       | <u>\$200.00</u> |   |  |
| Disability insurance   | <u>\$0.00</u>   |   |  |
| Health savings account | <u>\$213.00</u> | + |  |
| Total                  | <u>\$413.00</u> |   |  |
- Copy total here → \$413.00
- Do you actually spend this total amount?
- ☐ No. How much do you actually spend? \_\_\_\_\_
- ☒ Yes
26. **Continued contributions to the care of household or family members.** The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$0.00
27. **Protection against family violence.** The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. By law, the court must keep the nature of these expenses confidential. \$0.00

Debtor 1 **Altoro** **T.** **Document** **Page 55 of 55** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**28. Additional home energy costs.** Your home energy costs are included in your non-mortgage housing and utilities allowance on line 8.

If you believe that you have home energy costs that are more than the home energy costs included in the non-mortgage housing and utilities allowance, then fill in the excess amount of home energy costs.

You must give your case trustee documentation of your actual expenses, and you must show that the additional amount claimed is reasonable and necessary.

<p><b>29. Education expenses for dependent children who are younger than 18.</b> The monthly expenses (not more than \$156.25* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or public elementary or secondary school.</p>	<div style="border-top: 1px solid black; padding-top: 2px;"><b>\$0.00</b></div>
--	---

You must give your case trustee documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in lines 6-23.

\* Subject to adjustment on 4/01/16, and every 3 years after that for cases begun on or after the date of adjustment.

**30. Additional food and clothing expense.** The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.

To find a chart showing the maximum additional allowance, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

**31. Continuing charitable contributions.** The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 11 U.S.C. § 548(d)(3) and (4). \$100.00

Do not include any amount more than 15% of your gross monthly income.

**32. Add all of the additional expense deductions.**  
Add lines 25 through 31.

<b>\$513.00</b>
-----------------

## Deductions for Debt Payment

33. For debts that are secured by an interest in property that you own, including home mortgages, vehicle loans, and other secured debt, fill in lines 33a through 33g.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

**Average monthly payment**

**Mortgages on your home**

33a. Copy line 9b here.....➡ **\$1,829.00**

**Loans on your first two vehicles**

33b. Copy line 13b here.....➔ **\$256.25**

33c. Copy line 13e here.....➔ \$0.00

Name of each creditor for other secured debt	Identify property that secures the debt	Does payment include taxes or insurance?

33d. \_\_\_\_\_ ☐ No \_\_\_\_\_  
☐ Yes \_\_\_\_\_

33e. \_\_\_\_\_  
☐ No  
☐ Yes

33f. \_\_\_\_\_ ☐ No + \_\_\_\_\_  
☐ Yes

33f. Total average monthly payment. Add lines 33a through 33f.....	<b>\$2,085.25</b>	Copy total here ➡	<b>\$2,085.25</b>
--	-------------------	-------------------	-------------------

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**34. Are any debts that you listed in line 33 secured by your primary residence, a vehicle, or other property necessary for your support or the support of your dependents?**

- ☐ No. Go to line 35.  
☒ Yes. State any amount that you must pay to a creditor, in addition to the payments listed in line 33, to keep possession of your property (called the cure amount). Next, divide by 60 and fill in the information below.

Name of the creditor	Identify property that secures the debt	Total cure amount	Monthly cure amount
<u>Caliber Home Loans, In</u>	<u>640 E. Basin Street</u>	<u>\$33,000.00</u>	$\div 60 =$ <u>\$550.00</u>
_____	_____	_____	$\div 60 =$ _____
_____	_____	_____	$\div 60 =$ <u>+</u> _____
Total			<u>\$550.00</u> Copy total here → <u>\$550.00</u>

**35. Do you owe any priority claims such as a priority tax, child support, or alimony -- that are past due as of the filing date of your bankruptcy case?**  
 11 U.S.C. § 507.

- ☐ No. Go to line 36.  
☒ Yes. Fill in the total amount of all of these priority claims. Do not include current or ongoing priority claims, such as those you listed in line 19.

Total amount of all past-due priority claims..... \$5,500.00  $\div 60 =$  \$91.67

**36. Projected monthly Chapter 13 plan payment**

\$360.00

Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts).

To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

X 8.4 %

Average monthly administrative expense

\$30.24

Copy total here → \$30.24

**37. Add all of the deductions for debt payment.**  
 Add lines 33g through 36.

\$2,757.16

**Total Deductions from Income**

**38. Add all of the allowed deductions.**

Copy line 24, All of the expenses allowed under IRS expense allowances..... \$5,409.75

Copy line 32, All of the additional expense deductions..... \$513.00

Copy line 37, All of the deductions for debt payment..... + \$2,757.16

Total deductions

\$8,679.91

Copy total here → \$8,679.91

Debtor 1 **Altoro** **T.** **Hall** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 2: Determine Your Disposable Income Under 11 U.S.C. § 1325(b)(2)**

39. Copy your total current monthly income from line 14 of Form 22C-1, Chapter 13  
 Statement of Your Current Monthly Income and Calculation of Commitment Period. \$9,060.00

40. Fill in any reasonably necessary income you receive for support of dependent children.

The monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part 1 of Form 22C-1, that you received in accordance with applicable nonbankruptcy law to the extent reasonably necessary to be expended for such child.

41. Fill in all qualified retirement deductions. The monthly total of all amounts that your employer withheld from wages as contributions for qualified retirement plans, as specified in 11 U.S.C. § 541(b)(7) plus all required repayments of loans from retirement plans, as specified in 11 U.S.C. § 362(b)(19). \$426.00

42. Total of all deductions allowed under 11 U.S.C. § 707(b)(2)(A).  
 Copy line 38 here..... → \$8,679.91

43. Deduction for special circumstances. If special circumstances justify additional expenses and you have no reasonable alternative, describe the special circumstances and their expenses. You must give your case trustee a detailed explanation of the special circumstances and documentation for the expenses.

Describe the special circumstances	Amount of expense
------------------------------------	-------------------

43a. \_\_\_\_\_

43b. \_\_\_\_\_

43c. \_\_\_\_\_ + \_\_\_\_\_

43d. Total. Add lines 43a through 43c..... \$0.00 Copy 43d here → + \$0.00

44. Total adjustments. Add lines 40 through 43d..... → \$9,105.91 Copy total here → - \$9,105.91

45. Calculate your monthly disposable income under § 1325(b)(2). Subtract line 44 from line 39. (\$45.91)

**Part 3: Change in Income or Expenses**

46. Change in income or expenses. If the income in Form 22C-1 or the expenses you reported in this form have changed or are virtually certain to change after the date you filed your bankruptcy petition and during the time your case will be open, fill in the information below. For example, if the wages reported increased after you filed your petition, check 22C-1 in the first column, enter line 2 in the second column, explain why the wages increased, fill in when the increase occurred, and fill in the amount of the increase.

Form	Line	Reason for change	Date of change	Increase or decrease?	Amount of change
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____
<input type="checkbox"/> 22C-1	_____	_____	_____	<input type="checkbox"/> Increase	_____
<input type="checkbox"/> 22C-2	_____	_____	_____	<input type="checkbox"/> Decrease	_____

Debtor 1 Altoro T. Hall Case number (if known) \_\_\_\_\_  
First Name Middle Name Last Name

**Part 4: Sign Below**

By signing here, under penalty of perjury you declare that the information on this statement and in any attachments is true and correct.

**X** /s/ Altoro T. Hall  
**Altoro T. Hall**

Date 3/14/2015  
MM / DD / YYYY

**X** /s/ Maria D. Hall  
**Maria D. Hall**

Date 3/14/2015  
MM / DD / YYYY